

County: Oconto
WOODLAND VILLAGE NURSING HOME
430 MANOR DR

Facility ID: 9650

Page 1

SURING 54174 Phone:(920) 842-2191
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 60
Total Licensed Bed Capacity (12/31/04): 60
Number of Residents on 12/31/04: 52

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 51

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		38.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.7	More Than 4 Years		23.1
Day Services	Yes	Mental Illness (Org./Psy)	26.9	65 - 74	5.8			-----
Respite Care	Yes	Mental Illness (Other)	5.8	75 - 84	34.6			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.9		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	15.4	65 & Over	92.3	-----		
Transportation	No	Cerebrovascular	19.2		-----	RNs		5.8
Referral Service	No	Diabetes	5.8	Gender	%	LPNs		11.1
Other Services	No	Respiratory	3.8	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.4	Male	38.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	61.5			
Provide Day Programming for		100.0	-----		-----			
Developmentally Disabled	No		100.0		100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	7	20.6	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	13.5
Skilled Care	3	100.0	244	26	76.5	117	0	0.0	0	12	100.0	151	0	0.0	0	3	100.0	121	44	84.6
Intermediate	---	---	---	1	2.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		34	100.0		0	0.0		12	100.0		0	0.0		3	100.0		52	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	25.9	Bathing	0.0	73.1	26.9	52
Private Home/With Home Health	1.7	Dressing	15.4	69.2	15.4	52
Other Nursing Homes	8.6	Transferring	25.0	55.8	19.2	52
Acute Care Hospitals	60.3	Toilet Use	21.2	55.8	23.1	52
Psych. Hosp.-MR/DD Facilities	0.0	Eating	55.8	30.8	13.5	52
Rehabilitation Hospitals	3.4	*****				
Other Locations	0.0					
Total Number of Admissions	58	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	3.8		Receiving Respiratory Care	1.9
Private Home/No Home Health	50.0	Occ/Freq. Incontinent of Bladder	40.4		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	1.7	Occ/Freq. Incontinent of Bowel	26.9		Receiving Suctioning	0.0
Other Nursing Homes	3.4				Receiving Ostomy Care	1.9
Acute Care Hospitals	6.9	Mobility			Receiving Tube Feeding	5.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.8		Receiving Mechanically Altered Diets	26.9
Rehabilitation Hospitals	1.7					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	36.2	With Pressure Sores	5.8		Have Advance Directives	88.5
Total Number of Discharges		With Rashes	7.7		Medications	
(Including Deaths)	58				Receiving Psychoactive Drugs	46.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.0	81.9	1.04	85.5	0.99	85.9	0.99	88.8	0.96
Current Residents from In-County	90.4	72.8	1.24	71.5	1.26	75.1	1.20	77.4	1.17
Admissions from In-County, Still Residing	32.8	18.7	1.76	20.7	1.58	20.5	1.60	19.4	1.69
Admissions/Average Daily Census	113.7	151.4	0.75	125.2	0.91	132.0	0.86	146.5	0.78
Discharges/Average Daily Census	113.7	151.2	0.75	123.1	0.92	131.4	0.87	148.0	0.77
Discharges To Private Residence/Average Daily Census	58.8	74.0	0.79	55.7	1.06	61.0	0.96	66.9	0.88
Residents Receiving Skilled Care	98.1	95.3	1.03	95.8	1.02	95.8	1.02	89.9	1.09
Residents Aged 65 and Older	92.3	94.3	0.98	93.1	0.99	93.2	0.99	87.9	1.05
Title 19 (Medicaid) Funded Residents	65.4	71.9	0.91	69.1	0.95	70.0	0.93	66.1	0.99
Private Pay Funded Residents	23.1	16.7	1.38	20.2	1.14	18.5	1.25	20.6	1.12
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	32.7	29.5	1.11	38.6	0.85	36.6	0.89	33.6	0.97
General Medical Service Residents	15.4	23.5	0.66	18.9	0.81	19.7	0.78	21.1	0.73
Impaired ADL (Mean)	48.5	46.4	1.04	46.2	1.05	47.6	1.02	49.4	0.98
Psychological Problems	46.2	54.5	0.85	59.0	0.78	57.1	0.81	57.7	0.80
Nursing Care Required (Mean)	6.3	7.4	0.85	7.0	0.90	7.3	0.85	7.4	0.84